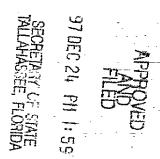


November 26, 1997

Florida Department of State Jim Smith – Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Dear Mr. Smith:



000002386280--8 -12/30/97--01082--001 ***1680.00 ******35.00

Re: Statement of Change of Registered Agent for Corporations

Enclosed herewith are executed applications for Change of Registered Agent along with our cheque in the sum of \$1,995.00 representing the requisite fee applicable for filing. We look forward to acknowledgement said change in due course.

Kind regards.

Yours sincerely,

Shiona J. Creary Legal Assistant :sjc

Encl./

700 NW 107th Avenue, Miami, Florida 33172 Telephone 305/559-4000 FAX 305/226-7691

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corporation is: Spr	rings Development Corporation
1a.	Date of incorporation 2/5/86 Document	numberM26975
2.	The name and address of the current registered agen	nt and office:
	Morris Watsky, 700 NW 107 Ave., Miami, Fl 33172	2
		SSEE, C
3.	The name and address of the new registered agent as (P.O. Box Not Acceptable)	and office:
	Shelly Rubin, 760 NW 107 Ave., Miami, Fl 33172	
The s	street address of its registered agent and the street stered agent as changed, will be identical.	address of the business office of its
Such so au	change was authorized by resolution duly adopted by thorized by the board. SIGNATURE	its board of directors or by an officer
	DATE	<u>[] [] [] [] [] [] [] [] [] [] [] [] [] [</u>
PROC THIS AND PRO PERI	TING BEEN NAMED AS REGISTERED AGENT CESS FOR THE ABOVE STATED CORPORATION CESTIFICATE, I HEREBY ACCEPT THE APPOIN AGREE TO ACT IN THIS CAPACITY. I FURTHE VISIONS OF ALL STATUTES RELATIVE TO FORMANCE OF MY DUTIES, AND I AM FAM IGATION OF MY POSITION AS REGISTERED AG	I AT THE PLACE DESIGNATED IN NTMENT AS REGISTERED AGENT OR AGREE TO COMPLY WITH THE THE PROPER AND COMPLETE TILIAR WITH AND ACCEPT THE

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-90)

FILING FEE: \$35.00